The Rivah Digest

A quarterly newsletter of the Rappahannock Area Health District

RAHD Rappahannock Area Health District
CARING FOR A HEALTHY COMMUNITY

Rabies Postexposure Prophylaxis

April 2006

Physicians need to evaluate transmission risk before administering rabies postexposure prophylaxis (PEP). Local health department staff are available to assist physicians with making decisions regarding PEP.

PEP is indicated for persons possibly exposed to a rabid animal.

Possible exposures include animal bites, or mucous membrane contamination with infectious tissue, such as saliva or central nervous system tissue. Rabies is transmitted *only* when the virus (found in saliva and central nervous system tissue) is introduced into bite wounds, open cuts in skin, or onto mucous membranes.

Persons bitten by a potentially rabid animal should immediately:

1) Wash the wound thoroughly with soap and water;
2) Contact the local animal control office and health department; and
3) Visit a physician for evaluation regarding the need for PEP.

Administration of rabies PEP is a medical urgency, *not* a medical emergency.

Physicians should evaluate each possible exposure to rabies and consult with the local health department regarding the need for PEP. Health department officials will consider the type of animal involved and the current status of that animal when determining the need for PEP.

Certain animals carry a higher risk of infection with the rabies virus. You can save yourself a significant amount of time by reporting animal bites to animal control or the health department before administering PEP. Healthy and available dogs, cats, and ferrets can be observed under a 10-day confinement order, placed upon the owner of the animal. If the animal shows signs of disease during the confinement period, the health department will euthanize it and send the head to the state Division of Consolidated Laboratory Services (DCLS) for testing. Positive results are communicated by phone to the Health District, usually within 24 hours of specimen submission.

Certain animals are considered rabid and PEP will be recommended immediately. These include: raccoons, skunks, foxes, and other large carnivores; large rodents; and bats. If the animal is available for testing and the result is negative, PEP can be discontinued. Bites from livestock, small rodents, rabbits, and other mammals carry a relatively low risk of infection and rarely require PEP.

Health Departments

- *Rappahannock District Office 540-899-4797*
- *Caroline County 804-633-5465*
- *King George County 540-775-3111*
- *Fredericksburg 540-899-4142*
- *Spotsylvania County 540-582-7155*
- *Stafford County 540-659-3101*

After-hours reporting:

- *Communicable Disease & Out-break Reporting 540-850-1250*
- *Environmental Pager 540-899-8601*
- *Rabies Pager (weekends only) 540-372-2562*
- *Toll-free number for public health and bioterrorism events* ***866-531-3068***

Pesticide Exposure

In 2001, the Toxic Exposure Surveillance System (TESS), which tracks cases of poisoning reported to U.S. poison control centers, identified 20,110 cases of acute pesticide poisonings in the general population. The EPA estimates that 10,000-20,000 physician-diagnosed pesticide poisonings occur each year among approximately 3,380,000 U.S. agricultural workers. Short-term exposure to high levels of pesticides may cause respiratory, gastrointestinal, allergic, or neurologic symptoms. Long-term exposure may be associated with neurologic diseases such as Parkinsons and Alzheimers.

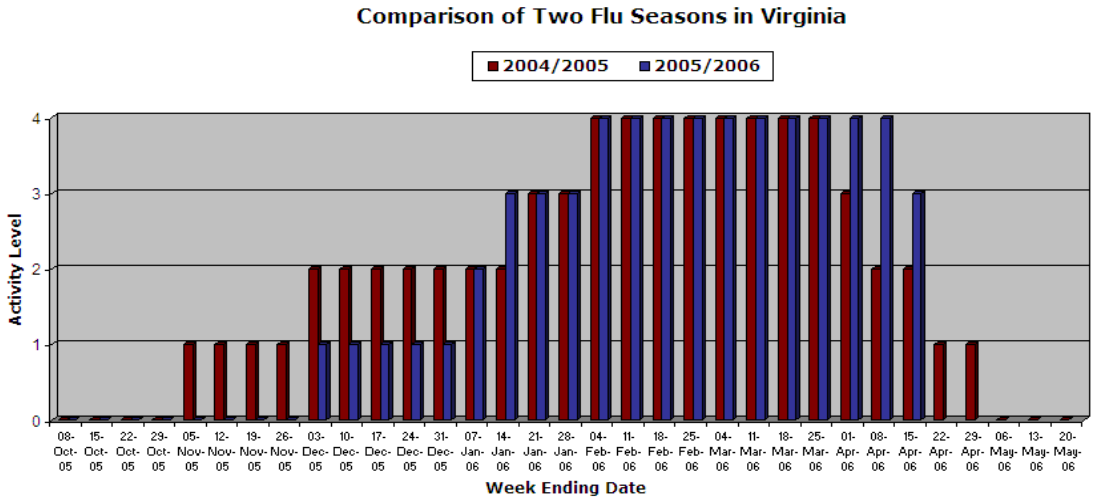
Physicians should report patients treated for pesticide exposure or illness to their local health department. Better data on the types of exposures common to our area will allow for targeted education and poisoning prevention campaigns.

New West Nile Virus Coordinator

Jennifer Gron joins RAHD as the new WNV coordinator. In addition to performing WNV surveillance and outreach, Jennifer will also coordinate the Rabies Program and assist with other environmental health issues. Jennifer graduated from Indiana University in 1999 with a BS in Public Affairs, Environmental Management. Her prior work experiences include serving as an environmental program consultant for the US Environmental Protection Agency and Department of Defense with Booz Allen Hamilton, and civil engineering technician for the USDA Forest Service. You can reach Jennifer at Jennifer.Gron@vdh.virginia.gov or 540-899-4796 x224.

Influenza 2005-2006 Update

Reports of influenza would normally be slowing this late in the year, but the 2005-2006 flu season surprised us all. The season got off to a slow start throughout the state, and reports to local health departments did not peak until March. We are still seeing flu, so remind your patients to practice good respiratory hygiene, even in the warmer weather!



Have you ordered your flu vaccine for next season? Orders can be placed beginning in February, so call your supplier today!

Provisional Recommendations for Adult Tdap

The Advisory Committee on Immunization Practices issued provisional guidelines as of December, 2005 for use of the combined tetanus, diphtheria and pertussis (Tdap) vaccine for adults (ADACEL, Sanofi Pasteur). The following recommendations for a single dose of Tdap apply to adults 19-64 years of age who have not yet received Tdap.

Routine: Adults should receive a single dose of Tdap to replace a single dose of Td for booster immunization against tetanus, diphtheria, and pertussis if they received their most recent tetanus toxoid-containing vaccine ≥10 years earlier.

Shorter intervals between Td and Tdap: Tdap may be given at an interval shorter than 10 years since receipt of the last tetanus toxoid-containing vaccine to protect against pertussis. The safety of intervals as short as 2 years between administration of Td and Tdap is supported by studies of children and adolescents.

Prevention of pertussis among infants <12 months of age by vaccinating adult contacts: Adults who have or who anticipate having close contact with an infant <12 months of age should receive a single dose of Tdap. An interval of 2 years or more since the most recent tetanus toxoid-containing vaccine is suggested; shorter intervals may be used. Ideally, Tdap should be given at least 1 month before beginning close contact with the infant. Any woman who might become pregnant is encouraged to receive a single dose of Tdap.

Simultaneous administration: Tdap should be administered with other vaccines that are indicated during the same visit when feasible.

Incomplete or unknown vaccination history: Adults who have never received tetanus and diphtheria toxoid-containing vaccine as part of wound management should receive a series of three vaccinations. Tdap may substitute for Td for any one of the three doses in the series.

Contraindications to Tdap:

- History of serious allergic reacting to vaccine components.
- History of encephalopathy not attributable to an identifiable cause within 7 days of administration of a pertussis vaccine.

For the complete recommendations, visit:
http://www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf

New Rotavirus Vaccine Available

On April 3, 2006, the FDA approved a new vaccine to prevent rotavirus. RotaTeq, a live, oral, pentavalent vaccine should be administered as a 3-dose series to infants between the ages of 6 to 32 weeks. The vaccine is a liquid given by mouth, with the first dose given between 6-12 weeks of age and two additional doses administered at 4- to 10-week intervals. All three doses should be completed before a child reaches 32-weeks of age. RotaTeq may be given to pre-term infants according to their age in weeks since birth. Toddlers and older children should not be given this vaccine. For complete product approval information, please see the FDA website at: http://www.fda.gov/cber/products/roatmer020306.htm.

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VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

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http://www.rahd.vdh.virginia.gov

Selected Reportable Diseases in RAHD - January – March 2006 vs 2005±

	2006		2005		Diff	Change	2005 State	
DISEASE	(n)	rate†	(n)	rate†	(n)	(%)	(n)	rate†
AIDS	0	0.0	2	0.7	-2	-100.0	170	2.3
Campylobacter	3	1.1	5	1.9	-2	-40.0	66	0.9
Chickenpox	3	1.1	10	3.7	-7	-70.0	-	-
Chlamydia Trachomatis	189	70.6	183	68.3	6	3.3	6,054	83.0
Enterohemorrhagic E.coli	1	0.4	0	0.0	1	-	-	-
Giardiasis	3	1.1	6	2.2	-3	-50.0	110	1.5
Gonorrhea	44	16.4	56	20.9	-12	-21.4	2,220	30.4
HIV Infection	5	1.9	1	0.4	4	400.0	177	2.4
Haemophilus Influenza Infection	2	0.7	6	2.2	-4	-66.7	-	-
Hepatitis A	0	0.0	1	0.4	-1	-100.0	20	0.3
Hepatitis B (Acute)	3	1.1	2	0.7	1	50.0	43	0.6
Hepatitis C (Acute)	0	0.0	2	0.7	-2	-100.0	-	-
Lyme Disease*	4	1.5	4	1.5	0	0.0	-	-
Meningococcal Infection	0	0.0	1	0.4	-1	-100.0	5	0.1
Pertussis	4	1.5	3	1.1	1	33.3	43	0.6
Rocky Mountain Spotted Fever	0	0.0	1	0.4	-1	-100.0	-	-
Salmonellosis	1	0.4	3	1.1	-2	-66.7	146	2.0
Shigellosis	1	0.4	1	0.4	0	0.0	19	0.3
Streptococcal Disease, Group A, invasive	1	0.4	4	1.5	-3	-75.0	-	-
Streptococcus pneumoniae**	1	0.4	0	0.0	1	-	-	-
Syphilis, Total Early (primary, secondary, early latent)	9	3.4	0	0.0	9	-	39	0.5
Tuberculosis (Mycobacteria)	0	0.0	2	0.7	-2	-100.0	49	0.7

± Data is preliminary.
† Rate based on 2002 US Census (267,748 for Rappahannock; 7,293,542 for VA)

* Lyme cases are all suspected cases reported to RAHD. Not all cases met CDC surveillance definition.
** Invasive S. pneumonia infection in children < 5 years of age. RAHD is working with CDC and Wyeth to report possible vaccine failures.